MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/521916	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿ AMENDMENT			AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		0		1			54						
5		3		1			55						
6		3		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0					63						
14	1		1				64						
15		1		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0	1				69						
20				1			70						
21				1			71						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3				TOTAL IND.						
TOTAL DEP.	19		17				TOTAL DEP.						
TOTAL CLAIMS	21		20				TOTAL CLAIMS						